

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>S.M.M.L.</i>		<i>10-18-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>SI</i>	<i>827</i>	<i>10/30/01</i>
RESPONSE F RMALITY REVIEW	<i>SI</i>	<i>1001</i>	<i>03/11/02</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	<i>10/20/01</i>
2	<i>10/20/01</i>
3	<i>10/20/01</i>
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If more than 150 claims or 10 actions  
 staple additional sheet her

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*50-781*  
*03-12-02*

*50-11*  
*10/31*